

**BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR CLAIMING BROWNFIELD TAX BENEFITS
OR REMEDIATION TAX CREDITS
BROWNFIELD EMPLOYEES AND INVESTMENT**

READ PAGES 8-11 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____, _____, _____, ENDING _____, _____, _____

PLEASE TYPE OR PRINT	NAME OF ELIGIBLE PROJECT	FEDERAL I.D. NO.	MISSOURI TAX I.D. NO.
	NAME OF BUSINESS	FEDERAL I.D. NO.	
	THIS SCHEDULE MUST BE FILED EACH TIME REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 447 OR 447-A WHICHEVER IS APPLICABLE.		TAXPAYER FEDERAL I.D. NO.
	COMPUTING "QUALIFIED JOBS" AND "QUALIFIED INVESTMENT"		BUSINESS MISSOURI TAX I.D. NO. (MITS)

	MONTHS	ELIGIBLE EMPLOYEES (full-time, last work day each month)		ELIGIBLE INVESTMENT (original cost/8 times annual rent last work day of each month)		
	(X)	(A) CURRENT YEAR	(B) BASE YEAR	(C) CURRENT YEAR	(D) BASE YEAR	
COLUMN LINE		TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13	TOTAL					13
14	AVERAGE FULL MONTHS					14
15	SUBTRACT COLUMN B AVERAGE FROM COLUMN A AVERAGE			SUBTRACT COLUMN D AVERAGE FROM COLUMN C AVERAGE AND ENTER ON LINE 16		15
16						16
17		Employees Transferred From Another MO Facility	()			17
18				Investment Transferred From Another MO Facility	(\$)	18
19		QUALIFIED JOBS				19
20				QUALIFIED INVESTMENT	\$	20

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE _____ DATE _____ PREPARER'S SIGNATURE _____ DATE _____

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.